

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.P.E. CLASSIFIER	<i>W</i>		<i>11-27-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>477</i>	<i>2/5</i>

INDEX OF CLAIMS

☐ Reflected
☐ Allowed
☐ (Through numeral)
☐ Canceled
☐ Restricted
☐ Non-electric
☐ Interference
☐ Appeal
☐ Objected

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY